

REGISTRATION

GREAT BLACKS IN WAX/NATIONAL RIFFLE ASSOCIATION

BALTIMORE/WASHINGTON

Please complete this form and return it with your deposit

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Cell** _____

E-mail _____ @ _____

Number attending _____ **Adults** _____ **Children** _____

Specific roommate desired: _____ **Single** _____

Total Amount Due: _____

Amount Enclosed _____ **Balance Due:** _____

A deposit is required at the time of your registration. Please respond as soon as possible. Space is limited and offered on a First-come first served basis.

Mail this form and your deposit, made payable to:

United African Movement
1061 Atlantic Ave
Brooklyn, N.Y. 11238

For additional information, call Leola Maddox at 917-514-6523